



## Revocation of Power of Attorney

Thursday, October 25, 2001

Please send all correspondence concerning my patent application to me at the following address:

**Patent application information:**

Application #	Filing Date	GRP Art Unit	Atty Docket #	Examiner
09/802,546	03/09/2001	2166	.1003	Robert W Morgan

**Name of Applicant:** Debi Whitson, Harrisonville, MO

**Title of Invention:** Process of interfacing a patient indirectly with their own electronic medical records

**New Communication Address:**

Debi Whitson  
26005 East 317  
Harrisonville, MO 64701

**Revoke authority from:**

Murphey & Murphey, A.P.C.  
Carlsbad, CA

**RECEIVED**  
FEB 06 2002  
Technology Center 2100

No correspondence is to go to Murphey & Murphey, A.P.C. All correspondence is to go to me. Please feel free to call me at (816) 293-5305 with any questions. Thank you.

Sincerely,

Debi Whitson